

Parcel Inquiry Request

Canyon County Development Services

111 North 11th Avenue, #140, Caldwell, ID 83605

www.canyoncounty.org Phone 208-454-7458 Fax 208-454-6633



Type of Inquiry: General Information (e.g. zoning, setbacks)
 Status of Entitlements (e.g. is a building permit /land division available?)

Note: there is a \$35.00 fee per entitlement inquiry per parcel. We accept debit/credit cards, cash and checks. A credit card authorization form is attached for your convenience.

Person Making Inquiry: Property Owner Realtor Other

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Email address: _____

Please include as much information below as possible:

Site Information: Address: _____

Tax Parcel Number (if known) _____ Approximate Acreage: _____

Provide a detailed description of the information you require. Please be as specific as possible.

Staff will provide a written response upon completion of the property research.

The property research information presented by the Development Services Department (DSD) is based on the current ordinances and policies in effect on the date of this summary, and based on your representations and information you provided about the subject property. This information is valid only at the time of inquiry and may change when the subject property, ordinances, or policies change. The information becomes certain and not subject to change when DSD accepts an application and fees are paid. Changes to the subject property may invalidate this information.

Staff Initials: _____ Parcel Tool Attached CAPS Entry Fee \$ _____ Date: _____

Summary of DSD Response:

Credit Card Authorization Form

I _____, hereby authorize Canyon County Development Services to charge my credit card account in the amount of \$_____ for fees associated with my request(s) for a parcel inquiry. I understand and agree that a \$35.00 per inquiry per parcel fee applies and that the credit card company will charge a convenience fee of approximately 3% of the total fee(s) due.

Cardholder – Print Name

Date

Cardholder's Signature

Contact Phone #

VISA

MasterCard

American Express

Discover

Debit cards will be processed as credit transactions

Credit Card Number: _____

Expiration Date: _____ Security Code on Back of Card: _____

Billing Address: _____

City: _____ Zip Code: _____